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ABSTRACT

This paper describes how a small group of people representing one community both identified and set in motion a strategy to deal with the perceived drug problem in their community. The emphasis of the paper is on the process by which this group moved rather than on the specific details of their efforts. The paper is actually a case study of one of 20 communities that have been involved with a training program within U.S.O.E., Region VI Drug Education Effort, "Help Communities Help Themselves." The program involves a small group of people from the community attending a 2-week training session in which the trainees explored the various aspects of drug use and abuse and developed team skills to take back to their community. The vehicle for action after their return was the Parents Are Responsible Program--an adult education program that offers a survey of the contemporary drug scene and is designed to help parents develop a personal perspective on the complexities of the drug problem. The paper describes reactions of the team members to the training sessions and their efforts in bringing their new expertise to their community. (Author/HMV)

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Using the Community in a Drug Education Effort

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(Comments and reactions are solicited--thank you.)

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USING THE COMMUNITY IN A DRUG EDUCATION EFFORT

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INTRODUCTION

First, this paper is the beginning of a process to develop a definitive description of the role and impact of a training program upon a number of teams within U.S.O.E. Region VI Drug Education Effort, "Help Communities Help Themselves". Case studies of twenty communities that have been involved in the training component of the Regional Training Center in Minneapolis will be completed by June, 1974.

The purpose of the series of case studies is to determine what commonalities occur as a result of the intervention of the Regional Training Center and to determine the degree to which the success criteria that teams had developed while they were in training were achieved.

Second, this paper as well as much of the program at the Regional Training Center is based on a modification of a singular concept--"that 'indigenous education' whereby persons discover for themselves the realities of domestic injustice and come to realize through encounters in their communities the systemic violence of their own social orders."[1]

[1]Halvorson, Loren, The Human Ecology of Mission, mimeographed paper, 1973.

So it will be the intention of the paper to develop a description of how a small group of people representing one community both identified and set into motion a strategy to deal with the perceived problem in their "social order." The emphasis of the paper will be on the process by which this group moved, rather than upon the specific details of their efforts.

Training Center

The University of Minnesota Regional Training Center was a part of a system of Centers sponsored by the U.S.O.E. Drug Education Unit under a program entitled, "Help Communities Help Themselves." The U.S.O.E. funded the Center operation as well as the teams of people that had applied to participate in the training process. The extent of the grant for the community teams (5-8 people) was for transportation and board and room costs for the training period; teams were not provided programmatic monies.

The Regional Center at Minneapolis served ten states in the Upper Midwest (Minnesota, Wisconsin, Iowa, North Dakota, South Dakota, Kansas, Nebraska, Wyoming, Montana and Idaho). Other Centers that were a part of the system are located in New Haven, New York, Washington, D.C., Miami, San Antonio, Chicago and Oakland.

The total number of teams that have been trained by the Minneapolis Center during the two years of its operation is 242 (128 in 1972-73 and 114 in 1973-74). The Center at the University of Minnesota as well as at New Haven were eliminated for a third year of funding because of a decrease in monies available for this program.

Focus of Training Center

Prior to the time that a team came to the Center for the two week training period, a staff member met with the team in their community and together they developed a preliminary community needs assessment, specifically as it related to the team's role and function within the community and its perceived perception of the drug abuse problem within that community. Shortly after the initial visit the team came to Minneapolis for the two week training period.

The guidelines developed by U.S.O.E. attempted to structure the type of team make-up that was felt appropriate for community development and in the selection process for community grants, U.S.O.E. tried to award on the basis of statement of need and intention by the team to meet the stated criteria. Each team was composed of 5-8 people and within the team composition there was to be the following representation:

1. high school aged youth
2. adult in elementary or secondary education
3. remainder of persons from diverse backgrounds to represent the nature of the self-defined community from which the team came.

It was expected that each of the team members was able to recognize the drug abuse problem within their community and was willing to devote some time and energy to the solution of the perceived problem. One of the main thrusts of the program was an effort to increase an awareness of the underlying causes which lead to drug abuse so that with such an awareness the team members could better function in a problem-solving mode as they rethought the issue of drug abuse in their own community.

The training session at the Center is based upon an experiential learning model. The participants get involved in the decision making about the learnings that are to occur; therefore, it also reflects a learner directed mode. The two week program was designed to be open enough to provide for diverse learning needs and yet structured enough to be supportive for the learners and to provide a focus. Among the concerns that are considered in the programming process are the following:

1. the need to identify and respond to both the individual and team needs of participants
2. the need to identify and utilize the skills, experiences, and resources of participants as well as the staff
3. the exploration of various aspects of drug use and abuse
4. the development of drug abuse to other cultural and social issues and an exploration of causal relationships

5. the development of team skills for each participant team as well as the total community
6. the involvement of participants in action planning and community development.

The schedule for the sessions included two or three days of structured experiences involving the total group (eight to ten teams with 5-8 persons per team). Various didactic and experiential learning processes were used to deal with such issues as:

1. an increased awareness of the operation of institutional structures and their impact on individuals
2. the development of a clearer understanding of how the society operates in a competitive-power oriented model
3. an exploration of creative and more humane uses of power
4. an increased awareness of feelings and attitudes and potentials of oneself and of a team of people
5. an exploration of a variety of social issues related to drug abuse.

The bulk of the training experience mixed structured experiences with field experiences as well as an open school approach with participants involved at various points in the design of the learning program. The

open school segment was designed to be a response to the individual participant as well as team objectives. Each participant, in consultation with his or her team, managed the time during the open school, selecting those program components especially appropriate to his or her needs, interests and commitments. While the number and type of open school programs changed from session to session and might include 15 to 20 options, the following list is indicative of the variety of activities included:

<u>open school seminars</u>

-drug counseling

-crisis intervention

-rural, small town community issues

-values clarification

-minority relations (social diversity)

-drug treatment

-communication skills

-school programming

<u>field trips</u>

-drug and alcohol treatment centers

-youth drop-in centers

-hotlines (referral services)

-educational alternative programs (open schools, free schools, etc.)

Central to the second week of training is the process the Center staff chose to call action planning; action planning was designed to assist each team to both identify problems within their communities and to develop a specific success criteria oriented action plan built on the team's perception of their own community. There is no typical plan which characterizes this process--some plans might be geared toward the establishment of a drug treatment center while others might focus upon the development of a drug curriculum in a junior high school, etc. The major expectation of the staff was that the participants would learn at least one problem solving method that might assist them as they continue the work in their community.

The training session at the Center was not an end in itself, but rather a part of the process of experiential learning. The participants returned to their communities to work with other individuals and groups in order to implement or modify the plan of action they had developed while they were at the Center. The process continues as many members of the community learn of their team's action plan and become involved in implementing or modifying it. The Center continues to be involved with the teams when they return to their community. Prior to leaving the Center the teams establish 6 week, 3 month and 6 month goals. Should the teams feel that they are having difficulty or are in need of assistance they call the Center for technical assistance (a staff member or members come into the community to assist in strategizing next steps). These are interventions in the learning

process rather than expectations of Center staff to do a "thing" for the team (e.g., workshop for the participants).

In addition to working with individual teams the Center staff spends considerable time building networks of resources within states and across state lines basically through the cooperation and guidance of the State Drug Abuse Authority person and the State Department of Education Drug Education person in each state. The Center assumes that it wants to develop an interdependent system rather than one that depends upon the existence of the Center's survival. This network of resources then is also made available to the teams that are trained.

THE PAR PROGRAM

The vehicle for action for the team to be described in this paper is the Parents Are Responsible Program (hereafter identified as the P.A.R. program). The original concept was sponsored and developed by the Drug Awareness program of the Minneapolis Health Department and the Minneapolis Public Schools. It is an adult drug education program that offers a survey of the contemporary drug scene and is designed to help parents develop a personal perspective on the complexities of the drug problem.

The PAR format provides a comprehensive approach to the issues of drug use and abuse utilizing the small group approach. It was developed to involve eight to twelve parents meeting in private homes one night a week for five weeks. This small group setting allows for participation by the members and provides opportunity to focus on only one aspect of the drug abuse scene at each meeting. The core of the program depends upon a prepared manual that contains the schedule for each session as well as reading materials for participants. Each of the sessions follows a standard format starting with a reality quiz and discussion. The PAR group coordinator is the "facilitator" of learning rather than the "expert;" the role of the coordinator is two-fold; first, as a liaison between the group and the PAR director (an administrative function); second, and more important, as a stimulator of discussion within the group. Each PAR coordinator is a volunteer parent with no particular expertise in the drug field. This has caused very few problems since the tools of PAR provide substantial informational input into the group and allow for a group of peers to share their reactions and feelings openly. The major components dealt with in the PAR program include:

1. the history and pharmacology of drugs
2. the sociological and psychological implications of drug use
3. drugs and the law
4. youth culture and family life
5. treatment and prevention of drug abuse.

In addition to these five regular meetings of the small group, PAR offers an optional (sixth) plenary session to deal with unanswered questions and provide some individual and community opportunities for community action.

ABOUT THE MODEL TEAM

The team to be described comes from a small community in central Montana with a population of about two thousand people. It is a "semi-retired" town with the average age of people being 45-50 years. This team attended training at the Regional Training Center in December of 1972, and was composed of six members including a high school student, the high school principal, a minister, a housewife, the county health nurse and the county extension agent. The team's action plan was geared toward the implementation of a successful adult education program through the use of the PAR program to be launched immediately after their return from Minneapolis. An attempt was made to reach various segments of the community and to involve as many people as possible in the actual planning of this project so others would have ownership of the process, too. While in Minneapolis, the team identified community persons they believed had some influence and asked them to attend the initial orientation meeting. A representative from the Minneapolis Health Department, the originator of the PAR program, led the initial meeting; it was attended by fifty community people. The team felt this was one of the most successful aspects of their effort since so many "key people became committed to the PAR program." Out of this meeting emerged about twenty leaders or "group

coordinators" (see information on the PAR program). Because the community felt a need for a program such as PAR, and because out of this initial meeting emerged so many excited people, the formation of about fifteen parent groups totaling approximately one hundred fifty parents took little time; about ten percent of all adults in the community participated in the PAR program.

Before various individual responses by community people are used to exemplify the input of PAR, it is important to recognize a vital issue concerning the program's implementation. As a result of inputs from both members of the team and group coordinators, the program was adjusted to "fit" the community rather than the community made to fit the program. In each of the six subject areas which made up the core of PAR the interests and concerns of all involved were taken into consideration during both the planning and interaction during each session. Other teams the Center has trained, which have utilized PAR in their communities have also amended various parts of the program to best serve their needs and goals. Some of these changes have included a total rewriting of the PAR manual.

The team members were interviewed approximately fourteen months after they participated in the training session. The team was still in tact and was continuing to function as the core of people within the community

addressing itself to drug education and prevention. Since this paper is presenting the community effort and specifically the PAR program, only those statements that relate to this portion of their work is reported.

It is the opinion of all the team members that if they decided to repeat the PAR program for a second time, they would have no trouble obtaining ten to fifteen group leaders and one hundred fifty parents more that would wish to participate in the program. The team members felt that the PAR program was successful mostly because it was something the community saw in their self interest rather than an idea shoved upon them from an outside source. One thing which directed the team toward a program for the parents rather than the youth was their discovery that the parents in the community knew much less about drugs and drug abuse than their children. The team decided that the drug problem in the community could be best dealt with if more parents in the community were aware of the facts and attitudes toward drugs. Most clear to the team was the fact that the PAR program offered something for adults and that they (the team) had many persons in the community who could assist them in the implementation of this program. What the school principal (one team member) also realized was that the existing state requirement for drug education was "only taking up time and not helping with the real problem." The films shown at the Center about the ineffectiveness of various drug education programs helped

make it clear to the team that most approaches in the community had been a failure. "We began to see that the real answer to the drug abuse problem was having parents and youth better relate to each other," said one team member. The team intended PAR to be a first step to get parents to the point where they could better relate to their children. In the fifth session of the PAR program the team arranged to bring the youth into the sessions and talk with the parents. One member of the team felt that the PAR program resulted from a process the team went through in Minneapolis. The process started with the team members being disappointed with some of the orientation they felt they had at the Center that they felt was geared toward the treatment aspects of the drug problem rather than the prevention aspects they were looking for. The team began to feel as they went further along in the training session that the problem was too complex to focus on one aspect and that the answer was not a simple one. Later in the session the team was convinced that the solution to the problem involved an educational process which would have to include both adults and youth. The chief of police was cited by the team as someone to become involved as a PAR group coordinator because of the awareness by the team members of some of the concerns and interests he had. (Some of this awareness for his concerns developed on the part of the team in the power lab ((one of the components of the training program)) when the team took a look at the "win-win" strategy.) Because of an appreciation of his needs, because he was not

identified as a bad guy, law enforcement in the community could become involved in the education prevention aspect of the drug problem as an important segment of the community. One of the team members mentioned one thing she most enjoyed seeing was some people in the community that usually never got involved, get involved in this program and really do a good job. "Nothing," she said, "is harder than to go door to door to try to get people involved in a program, some of these people took just that initiative." (Identification of informal power people helped the team to identify these people--for example, "who goes to whose house for coffee?") "In a community like ours," said one member, "there are very few Managers, few people who have the time to do community service work inside their job schedules." But the PAR program was identified as one way to fulfill a pressing community need and so some of the people were given time, even during work hours to make the program go. Some people in the community asked their employers if they could take some time during the days to help get things organized. The community recognized their "drug abuse problem" and the proposed program as important enough to allow this to happen. It made both the "bosses" and the "employees" feel good. Because of the PAR program, the Wesley Center in Great Falls, Montana became a household word. In the community this Center is doing a lot of work with youth. "We had some of the kids from this program in Great Falls help us with the PAR thing," said one team member. Also the Alcohol Resocialization

Center on a small farm near this community also became known to the people of the community. Another person said, "I think the PAR program had a spinoff in those two areas just because people from these two places were taking part in our program." Some people didn't even know about the halfway house just thirteen miles out of town until the PAR program got started. One member of the team felt that the kids appreciated the fact that the team was not just geared toward them, but rather toward the adults in the community.

For one team member much about education, what it is, was reaffirmed, specifically, that telling someone something isn't always the best way learning takes place: "The education that takes place by experiencing is often times much more powerful. That education is usually painful, particularly for adults."

People in the community were aware that the team was not experts in the PAR program, but rather people like themselves that believed in the need for the program, and were willing to work hard to make it work out well. This is why the team thought the community MADE the program such a success. One of the team members heard the comment that if the team was willing to spend the time in the preparation, then they would spend the time to take part in the program.

As a part of the Case Study Interview process, the team members were asked to provide some personal reflections about the process in which they had been involved (training and T.A.). Summaries of the taped interviews follow:

The High School Principal:

"I initially had little personal interest. Felt that drugs fell completely into the area of criminal acts and should be punished with a jail sentence. After the program I felt quite a reversal in my views regarding drugs. I realized that drugs were more of a social than a criminal problem and a problem that people could do something about. The training broadened my thinking and understanding of the role of drugs in American society. The PAR program gave me a greater opportunity to spend time in the community with people not in the public school system and break down some of the barriers that had developed between the teaching profession and the other members of the community. I got into a lot of homes through this program which I think would not have been possible before. Out of this experience I also found myself more tolerant of other people's behavior within the community. The program (R.T.C.) gave me a little better base to deal with people that have not been able to broaden their perspective of the drug issue. I think I am now better able to help parents take a better look at the way they are raising their children. I think the experience has made my job easier, professionally."

High School Student:

"I was excited about going to Minneapolis. When I first arrived in Minneapolis, I was a little disappointed with the program, but the longer I stayed, the more I enjoyed it."

County Health Nurse:

"I had a very personal involvement before I went to Minneapolis, because my son was picked up for smoking grass. I think this had quite an impact on the community because none of my kids had ever been in trouble before. I feel that I am a better resource person for the county now than I was before. I felt I could better accept the fact that my son was smoking grass and, therefore, better understand the situation. As the county nurse, when the schools wanted information on drug abuse I felt I could offer them much more than before I want to Minneapolis. At least I had access to where information could be obtained."

Housewife:

"I was real glad that I went to Minneapolis. I always thought the school principal was sort of a nasty fellow. Now I see why he has to make some of the decisions he has to make at school. _____ was always the minister who would walk by my house that I didn't know. One thing I learned from this program that listening more to my kids will pay off. I learned from the county nurse that you don't have to go to pieces if you find out your kid is smoking pot. I think before I might have really exploded. The experience at the Center expanded my awareness of people and ideas, and I think helped me to become more tolerant."

Minister:

"I didn't want to go to Minneapolis at all. I didn't like the time it was scheduled for. I didn't want to get into a hassle with the principal about the school program, since I had been hearing some negative things. I was releived to find that the principal had many of the same views that I had, that he was feeling some of the same concerns. I felt ahead of time that I was probably more liberal on the drug issue than most other people in the community. Because of this, I was afraid that if I expressed my positions, people would think I didn't have any values at all. One of

Minister (continued):

great things that came out of my experience was getting to know many of the team members so much better. I am convinced that the community is one of the richest communities I have ever lived in, both in terms of human resources and also material resources. I see our community as one with great potential. Yet, the community doesn't work together. It hasn't jelled together. The best thing that happened in Minneapolis was that our team began to work as a group together capable of dealing with some community issues beyond drugs, per se. I think that this group could probably handle the school crisis that the community is in right now, much better than it is being handled anywhere else in the community using some of the skills we picked up. I felt a real community building aspect. Also, when I joined the group, I felt that the Extension Agent and I could really have some potential problems, and we did butt heads several times, but I felt in a real positive way. I feel a lot closer to him-- I know him more as a person. I was put in a box as a minister by the team at the outset-- during the two weeks at the Center, however, other members began to see me as a human being rather than in my role. After this experience I learned that sometimes there is value in using Reverend before my name and other times like in Minneapolis, it isn't a good idea."

County Extension Agent:

"The program in Minneapolis helped us work better together. The survey our team put together indicated that some kind of an adult drug education program was needed. I helped, in fact, was the principal person, to put this survey together. It was the type of thing that fit into my skill area as the county Extension Agent. The Extension office carries on programs

County Extension Agent (continued):

for the community on a continual basis so the PAR program fit into my skill area. My work both with the survey and the PAR program worked well along with my job as well as being a benefit to the community. We as the team were the guiding force, but we let the other people in the community carry on most of the PAR program once if got off the ground. The community was part of the program and not being preached to by the team. My experience in Minneapolis changed my perception of the drug problem. Experience with some of the people with problems I met in Minneapolis and some of the visits changed many of my perceptions. I had the misconception that once you were on drugs you usually didn't get off them. The Minneapolis experience reinforced my belief that drugs are a problem we must face up to, and not try to hide. As long as we admit to the problem we can work on it. I think our group helped people see that we did have a drug problem and had to admit to this. I think if everyone had a chance to go through the R.T.C. experience they would know how to work with people and groups a little bit better. I think understanding society and the way we try to get along with one another was really brought out in the use of the power lab--how people did not know how to use power; their abuse of power. Those that were used to power were very overwhelmed when they had it taken away from them. This is the way our whole society works. People without the power acted like they had nothing to lose which was very true to life. The power lab helped me to understand my society better. The power concept assisted us to pick out the power people in the community, and, thus, use them in the PAR program. I think this is what made the PAR program such a success. My definition of education is to take people as far as you can, as far as their learning abilities will allow them to go. Our adult community had a lot of preconceived notions about drugs that were untrue. I think the PAR program changed a lot of their old notions so education did take place. I think we did a good job with the 200 some odd people we did reach."

In addition to the interviews of the team members, other members of the community were contacted and asked about their impressions of what the team was doing and their reaction to the programs that the team was sponsoring or fostering. The following statements were from a selected group of community people who either knew what the team had been doing or had participated with them when they returned to the community.

Police Officer:

"I was one of the group leaders or coordinators in the PAR program. I felt that my group was a success and expressed a desire to continue at their last meeting. Parents in the group wanted to meet with children in the community other than their own. Felt after their PAR group experience that perhaps they might be able to better see the problem that other people had with their children better than they could see their own problems, and, thus, this would give them some better insight into their own families, and help other families at the same time. At the end of the group one lady expressed how important she saw the role of communication to be in relating to children. There were more parents than there were leaders to take care of them all. The biggest benefit I saw the program have for me was the fact that it helped bridge the gap between law enforcement and the general public. People began to better understand that coffee and cigarettes were also drugs and then had to look at their own behavior a little more closely. I had two ladies in my group that I know would make good leaders, if the program were to continue. I feel that there should be a follow-up. My group would still be going today, if I let them. If there was another session of PAR I would like to travel from group to group as a speaker. I would tell the parents that if they

Police Officer (continued):

did find drugs on their children, it would be their obligation from that point on about what to do. One father did find his son in possession of marijuana and LSD. Because the parent was open about things with us we did not charge the boy with possession of the LSD, but only the marijuana. I think law enforcement has to get the point across that we can give people a break. The boy would never have been caught if it wasn't for his father, so I think consideration is due in some cases. I think the PAR program helped break down the stereotypes of the police department, "of the Cop," because many of our officers were group members. I think now that more people in the community trust the police officers. At least people in my group knew that I would give them a fair deal as would the police office, if they had an encounter with the law. I think that the more of this type of thing we have, the nicer town we will live in. Because of PAR I think that people now recognize drugs as a community problem--one they can have some effect in changing. I felt that the program went into layman's language about drugs so that everyone could understand. Two of the parents in my group had kids that I arrested a couple of times. I think that through the group we developed a better understanding of each other. The attitude of most of the people in the community was that, with the police you should kind of stand back and not go to to us unless you have to. Now, at least in my group, people trust me a little more, and I think they might seek out help a bit sooner. Thought that there was a mutual agreement between most people in the PAR group that if there wasn't some communication between the parents and the kids, then there might be trouble. I think that most of the people in my group felt that they should sit down and talk with their kids, and listen to their opinion, whether they agree or not. One lady I know talked to all her daughters. I think before I got involved in this program, I honestly thought that anyone caught with drugs should be sent to jail. Now, I really feel that it depends on the degree they are using the drug and how they are using it. I don't think that jail is the thing all

Police Officer (continued):

the time. I would like to see the PAR program continue and have a few local meetings where parents could talk with other children in the community to get a better understanding of youth. They should get a chance to show these kids that other adults besides their parents care about them. I know this works because I have done it myself. They only come to us (the police) when there is no where else to go. If we could only get some of the parents of the kids always in trouble, the parents who really need the PAR program, and just plant the seed. If we can save one family and bring it together, then this thing is a success as far as I'm concerned. I think the PAR program has really helped a lot more people here than I have any idea of. I have never seen a program go like this one went. So, if this many people enjoyed it, it had to have done some good. We had a real good cross-section of people in the program. I thought the program was a success anyway one looked at it. It was not designed to stop drug abuse, as far as I was concerned, but rather to understand it."

Insurance Salesman:

"I feel that the team let us down because the team members did not take part in the PAR program itself (implementation). They did do an excellent planning and organizing job, however. After we went through the instructional session with the resource person from Minneapolis, the team didn't have as much involvement. The team should have given us more instructional backing. Many of us carried the ball ourselves as group leaders. We had them up on a pedestal and we had ourselves down on the next level, but they didn't come down to help us out. I did think, as I look back, that I personally needed the help. If I get the drift of things, I can more or less carry things. The team laid the goundwork for us (the group coordinators) to be the organizers of our own groups. I thought this was fine. I was tickled with our group, thought we had a good group of ten people, we had

Insurance Salesman (continued):

about a third of the people younger, a third middle-aged and a third older. The overall feeling of most of the group members was that the problem was another communities, but didn't concern our community. The big reason why I got involved in the program was to help make people more aware of the problem. People sit and say that it can't happen to their kids, or it can't happin in our community. I think the effectiveness of the team the first three months of the program was the best, but it tapered off after this point. I feel now that if anyone you talk to in the community can name you six members of the team, I will be surprised. I feel that through my business I am often carrying things on that happened at the PAR meetings by relating to people in their homes. I think that there is enough skill in the community to run another PAR program, if we had a refresher. I learned a lot about drugs which I had no idea about before my involvement in the program. Just by reading the manual, the statistics surprised me. The education I received from the program and channeling this back to the people in my group--this was the most important learning for me. I tried not to talk very much, but rather get the people in the group more involved in the discussion. I talk everyday of the week as an insurance salesman. If I had to sum up the PAR program, I would say that it made people aware of what is going on drug-wise and some avenues on how to combat it. I think each person had to look at the experience a little different depending on their age and experience."

Service Manager of Car Dealer:

"I think the program helped me as much as anyone else. I think the kids are way ahead of us on this drug thing. They seem to know more about it. I think the PAR program brought the parents up to the level of the kids in the area of drug knowledge. I think PAR was a real good way to get acquainted with one's neighbors. It is surprising how relations improved with some of our neighbors after (through the program). I was really scared to death about

Service Manager of Car Dealer (continued):

drug abuse before I got involved in the program. I think we learned a lot about all the drugs. I think our involvement in the group did help our relationship with our children. We sat down and talked to them after each meeting, asking them questions about drugs and understanding them better. One thing that really impressed me was the discovery that alcohol was a drug. The picture that impressed me the most was the neighborhood pusher, because we have always had people in our house and served them drinks, and I never thought of us as being neighborhood pushers. I think this really made an impression on me. It is easy to sit back and condemn other people, especially young people, while we do the same thing in our own home. I think all of us are guilty of saying "don't do what I do, do what I say." With the people in our group things worked out great. We had a real good discussion group and we began to communicate better with each other. I really thought that people in our group talked about things among ourselves that we would normally not talk to anyone about. I really think it was that good. I don't think that before this people would have even listened, they would have turned around and walked off. I think we were all just groping in the dark trying to understand what the drug problem was all about. The PAR program was a good education for me--I think I learned a lot from it. I think I learned that we have to stop and listen to what other people have to say more often--not just have our own thoughts upper-most in our mind all the time, but try to be more conscious of what someone else has to say. Communication is important in one's own home and community as well as on the job. This has helped me to listen more closely to my children. We found that all the kids knew much more about drugs than we thought, and we learned from them. We would like to see a continuation of the program. In the county there is a need and the skills are in the community to do a good job."

PROGRAMMATIC CONCEPTS

Thus far this paper has described some aspects of the Regional Training program and the verbatim reactions of people to what happened in the selected community. It is obvious that the team did meet the success criteria they had established for themselves. There is considerable question on the part of the investigator, however, regarding the role that the learning intervention that was made by the Regional Training Center had in what this community development team did. With the style of program that existed it was impossible to do a pre- and post-testing within a community setting. Further, it would be impossible to control all of the variables within a community process to determine effect. Further, methods have not been identified to provide information concerning the decrease of drug abuse.

The present format of description is an attempt to reconstruct what happened and to determine the impact of a learning process upon a team of people. This paper describes but one community effort, and as stated at the beginning of the paper, will be one of twenty case studies done.

The remainder of the paper is the beginning effort to draw conclusions or establish some hypothesis. The chart that follows was developed by one of the staff members, and is an attempt to compare two problem-solving methods.

The comparison of problem solving models attempts to provide a focus for the style of learning that occurs at the Center. It is recognized that some statements may be over-stated, but that has been done purposely to help demonstrate a point relative to the learning model used at the Center.

TWO PROBLEM-SOLVING MODELS
prepared by Jeff Silesky

Conventional Model	Learner Directed Model
1. Experts/Teachers know the answers/solutions to the problem.	1. The solutions/answers are within each community. All persons within each community are resources.
2. Answers/solutions are given to the community in some package program or agency, etc. Problems are solved <u>for</u> the community <u>by</u> the experts.	2. Community decides what its problems are; what the solutions to these problems are. These solutions are then implemented <u>by</u> that community.
3. Helping people.	3. Helping people help themselves.
4. Basis is faith in authority, experts. Specialists who have the right answers.	4. Basis is trust in the human organism for what it is (its human potential). Not principally for its educational achievements/ accomplishments.
5. Power is concentrated <u>within</u> some people. Solutions lie with only some people. Power is given!	5. Power is in all of the people. Solutions lie with all people. Power is taken!
6. The problems/solutions are defined outside of the context they are in. (By outside experts.)	6. Problems/solutions are defined within the context they are in. By the people in the community.
7. Individuals must be manipulated for their own good. Person's best interest are determined by the authority/expert.	7. People move in a direction they feel most relevant for themselves. People know what is in their own best interests.
8. People in service positions provide answers, deliver packages.	8. People in service positions facilitate process of helping people help themselves. They provide resources/support.
9. Finalization/goal.	9. Replication/process.
10. Problem/solution.	10. Symptom/systems.
11. Desired outcome: a solution.	11. Desired outcome: a self correcting system.

To illustrate how these series of concepts or ideas are affected within the model, they will be defined by using examples demonstrating how the community team approached its problem and how what they did was consistent with the model.

1. As exemplified by the PAR program, with the involvement of so many adults as group coordinator, the solution to the Model Team's drug problem as defined by the team (lack of communication) was discovered to be within the community. Twenty persons within the community became resources as group leaders.

2. The team, a representative sample of the community defined the drug problem within their community and how they wished to go about alieviating this problem (utilization of the PAR program). When the team returned home the rest of the community became involved and then bought into the solution (the PAR program) at the orientation meeting. The PAR program was then implemented by the total community.

3. This is where our role as a training center comes in. Both in terms of the 13-day cycle in Minneapolis and also in the field when technical assistance is needed. By providing the training experience for the team, which culminated with the development of their plan of action, and by providing a representative from the Minneapolis Health Department to orient the community to the PAR program, it is our belief that we helped the people of this community to help themselves.

4. It was the basis of trust that set the atmosphere during the training cycle in Minneapolis by insisting that all participants are responsible for their own learning. They were trusted to use our staff as a resource in any way they could, and if they were not satisfied with things they were trusted to let us know. In the same sense we believe that the team, upon their return to Montana, put their trust in the rest of the community, especially all their group coordinators. (Only one team member led a PAR group.) Their trust was truly in the human potential of these people rather than their past achievements since most of them had not been involved previously in community action programs.

5. As an extension of the trust issue, people in the training cycle were encouraged to use the power within themselves to learn what they wish and to accomplish what they wish, both as individuals and as a team. Each of the PAR group coordinators, and all those parents within the program were involved in taking power by becoming actively involved in a series of interactions with their fellow community members around what they identified as a common problem.

6. The problem/solutions were identified by the team and the people with their community. The development of the team's Action Plan and their problem statement was entirely the product of the team members and their interaction among each other rather than a definition by an outside source that came into their community.

7. One basic assumption of the Regional Training Center is that people KNOW what is in their own best self-interest. For this reason each team at the Center is encouraged, as much as possible, to define the solution path they wish to follow and the goals they wish to achieve.

8. In terms of our Technical Assistance program the Regional Training Center provides resources and support whenever it is requested by a team as a necessary part of their Action Plan. Technical Assistance was delivered to the described team by the visit of a representative of the Minneapolis Health Department when he oriented the community to the PAR program, as well as follow-up by staff members from the Center. This technique is contrasted by what we believe to be a traditional system of assistance, that of providing packages or answers.

9. One of the important parts of the Technical Assistance process at the Regional Training Center is the concept of replicability. That is, we expect that if some service is provided to a team in the field, that if this same need again arrises in the community that from the first experience, at least one person from this community will have developed the appropriate skills to provide this service a second time. This is evidenced in the described community by the fact that there are now enough people (after the orientation session of the PAR program) that can adequately run a second PAR program. Our program also emphasized the point that there are not necessarily goals in solving a problem, but rather a process which

may or may not end, or at least have an absolute end. The people of this community have successfully organized the adult education program they had originally planned. They have, however, been considering other possibilities as an extension of this effort. One of these possibilities is a large grant of money which would enable the team to start a county-wide youth/adult recreation-communication as a follow-up to the PAR program. There has also been much discussion about the running of a second PAR program since there seems to be a demand for this in the community.

10. Symptom/system drug abuse is treated at the Regional Training Center as a symptom of a deeper problem or set of problems concerning the way people live together and treat each other. The community is viewed as a system within which problems can be dealt with, but only on some continual basis in terms of prevention. The activities of the described team, we believe have treated their problem in exactly such a way. They see the PAR program as only a part of what can/will eventually happen in their community in response to the drug problem. With the PAR program all the adults involved were considered part of a system that could deal adequately with the problem of drug abuse.

11. It is hoped that the complete process of the described community dealing with their problems will make more apparent and operative a self-correcting system within their community through which individual

competencies can be recognized and utilized in particular/appropriate situations. An example of this will be when/if the community decides to run a second PAR program for the parents in the community who did not get to go through it the first time. Many people in the community now recognize which people have skills to be the best coordinators, the best organizers, etc.

As was stated at the outset, the description of what the selected community team accomplished, as well as a description of the assumptions built into the learning process, and the approach that the Center has taken toward technical assistance is the beginning of a process to generate a series of ideas, concepts about community development and education. The generation of this paper has assisted the writer to know how to approach the many tapes of interview he has. It should be said that several interview techniques were tested out before we began the process that we used for the twenty teams. The interviewer became a facilitator for discussion for the team, and the people interviewed. That way, the people contacted provided what they wanted. We rejected a set process for interviewing because we got the answers we wanted. What we wanted was information from the community so that they would describe what happened.

It is the conviction of the writer that the last two years experience has provided him with some new learnings about community development

and education, and he is further convinced that the interviews will assist in the development of a conceptual framework.

(Credit should be given to Jeff Silesky, staff member at the Regional Training Center, who assisted in the development of this paper.)